

# **EXHIBIT B**

<b>CIVIL ACTION COVER SHEET</b>		DOCKET NUMBER	<b>Trial Court of Massachusetts The Superior Court</b>	
PLAINTIFF(S): <u>Benjamin Maddison</u>			COUNTY: <u>Hampshire</u>	
ADDRESS: <u>PO Box 4412 Hadley</u> <u>MA 01035</u>			DEFENDANT(S): <u>Clay Delano, Andrew Kohl,</u> <u>Shield Hotel Management, Aidan Yang</u>	
ATTORNEY:			ADDRESS: <u>29 Center Street, 844 King St</u> <u>Northampton MA 01060</u>	
ADDRESS:				
SBO:				
CODE NO. <u>AB1</u>	TYPE OF ACTION AND TRACK DESIGNATION (see reverse side) TYPE OF ACTION (specify) <u>Civil involving m.m.g.m.</u> TRACK <u>A</u>		HAS A JURY CLAIM BEEN MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If "Other" please describe:				
Is there a claim under G.L. c. 93A? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Is this a class action under Mass. R. Civ. P. 23? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A				
The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff's counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.				
<b>TORT CLAIMS</b> (attach additional sheets as necessary)				
A. Documented medical expenses to date:				
1. Total hospital expenses .....				\$
2. Total doctor expenses .....				\$
3. Total chiropractic expenses .....				\$
4. Total physical therapy expenses .....				\$
5. Total other expenses (describe below) .....				\$
				Subtotal (A): \$
B. Documented lost wages and compensation to date .....				
C. Documented property damages to date .....				
D. Reasonably anticipated future medical and hospital expenses .....				
E. Reasonably anticipated lost wages .....				
F. Other documented items of damages (describe below) .....				
\$100,000				
G. Briefly describe plaintiff's injury, including the nature and extent of injury:				
NOV 05 2020				
TOTAL (A-F): \$				
HARRY JEKANOWSKI JR CLERK/MAGISTRATE				
<b>CONTRACT CLAIMS</b> (attach additional sheets as necessary)				
<input type="checkbox"/> This action includes a claim involving collection of a debt incurred pursuant to a revolving credit agreement, Mass. R. Civ. P. 8.1(a).				
Provide a detailed description of claim(s):				
TOTAL: \$ <u>100,000</u>				
Signature of Attorney/ Unrepresented Plaintiff: X <u>[Signature]</u>				
Date: <u>11/4/20</u>				
RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court. <u>Fed case: 3:20-cv-30089-MGM</u>				
CERTIFICATION PURSUANT TO SJC RULE 1:18				
I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.				
Signature of Attorney of Record: X				
Date:				